

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-878)

SERIAL NO. **10/511501**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEA	IND.	DEA	IND.	DEA
1	/					
2	/					
3	/					
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50						
TOTAL IND.	3					
TOTAL DEA	13					
TOTAL CLAIMS	16					

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	IND.	DEA	IND.	DEA	IND.	DEA
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TOTAL IND.						
TOTAL DEA						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS